/11JN

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS IN J.N EASTERN DIVISION

IN RE LOUIS C. SHEPTIN, DEFENDANT

CASE'S # 02-CR-555
08-CR-197
08CV116 08-CV-116

MAY IT PLEASE THE HONORABLE Judges KOCORAS & LINDBERG:

MEDICAL EVALUATION

THE DEFENDANT, LOUIS C. SHEPTIN HEREWITH SUBMITS THE ANNEXED 3 PAGE CARDIOLOGY REPORT FROM UNIVERSITY OF WISCONSIN'S DR. PETER S. RAHKO, MDFACC AND PROFESSOR OF MEDICINE, DATED APRIL 11, 2008.

THIS REPORT DEMONSTRATES CARDIAC TERMINAL ILLNESS WITH HIGH RISK FACTOR FOR DEATH IN THE VERY NEAR FUTURE. (AT PAGE 2 "ASSESSMENT/PLAN").

5/17/08

RESPECTFULLY SUBMITTED,

LOUIS C. SHEPTIN

BOX 4000

SPRINGFIELD, MO 65801

11 AND EXPERT

CERTIFICATE OF SERVICE

I, LOUIS SHERMAN HEREBY CERTIFY I THIS DAY MAILED A COPY OF THE FOREGOING TO LINDSEY JENKINS AUSA AT 219 S. DEARBORN CHICAGO, IL 60604 DONE 5/15/08

Louis Sherman

Sheptin, Louis C Sex:M MR#:2451444

Cardiology Admission H&P **Apr 09, 2008 00:00**

SERVICE: CARDIOLOGYSEX: MDOB: [redacted]SHEPTIN, LOUIS C UNIT: F4/5 UWH #:

2451444 (5768056)ADMITTED: 04/09/2008

CHIEF COMPLAINT: Chest pain at rest.

HPI: Mr. Sheptin is a 59-year-old male with history of hypertension, hyperlipidemia, diabetes mellitus controlled with diet, and coronary artery disease with multiple stents placed as described below most recent in January of 2008 who developed chest pressure at rest. Mr. Sheptin is a federal prisoner who was flying to another correctional facility from Chicago and while at rest seated during flight developed chest pain similar to episodes he has had previously when he has required stent placement. He describes the chest pressure as if someone is sitting on his chest and radiates to his back. He had accompanying symptoms of nausea and did vomit during the flight. He denies other diaphoresis or shortness of breath. This chest pressure came on at rest; however, he notes that he does have similar symptoms with exertion that has been occurring over the last few months since the cardiac catheterization in January. The pain persisted and the flight was diverted, and he was taken to Emergency department for further evaluation. He was given aspirin, metoprolol, sublingual nitroglycerin, and started on nitroglycerin paste with some relief of his chest pressure.

ALLERGIES:
1. CODEINE.
2. TETRACYCLINE.
3. MIDAZOLAM.

MEDICATIONS:
1. Isosorbide extended release 30 mg p.o. daily.
2. Aspirin 81 mg p.o. daily.
3. Digoxin 250 mcg p.o. daily.
4. Clopidogrel 75 mg p.o. daily.
5. Simvastatin 80 mg p.o. daily.
6. Ranitidine 150 mg p.o. b.i.d.
7. Sotalol 40 mg p.o. b.i.d.
8. Phenytoin extended release 100 mg p.o. b.i.d.
9. Carbamazepine 200 mg p.o. b.i.d.
10. Nitroglycerin 0.4 mg every 5 minutes, repeat x 3.

PAST MEDICAL HISTORY:
1. Coronary artery disease. Per his report he had PCI with bare metal stent placed to his LAD in January 2008 at University of Illinois, Chicago. In 2007, he had reportedly 2 Taxus stents placed to his RCA and left circumflex. In 2001, he had stenting of his left circumflex at Hammons Heart Hospital in St. Louis, Missouri. In 1999, at Northwestern, he had 2 stents placed to his RCA and 1 stent to his LAD.
2. Hypertension.
3. Hyperlipidemia.
4. GERD.
5. Epilepsy.
6. Hepatitis C virus.

7. Diabetes, diet controlled.
8. The patient is on digoxin and Sotalol, suspect he has had arrhythmia in the past which he did not have knowledge of.

SOCIAL HISTORY: He is incarcerated in federal prison, has history of past cocaine use and past tobacco use. He quit tobacco in November 2007.

FAMILY HISTORY: The patient notes all of his family has died from MIs.

REVIEW OF SYSTEMS: See HPI, otherwise a 10-point review of systems was obtained and is negative.

PHYSICAL EXAMINATION: Pulse 55, blood pressure 110/56, respirations 13, pulse oximetry 99% on 4 L. General: Lying comfortably in bed, alert, in no acute distress. HEENT: Pupils are equal, round, and reactive to light. Anicteric sclerae. OP: Clear, poor dentition, multiple teeth missing. Neck: No lymphadanopathy. JVP elevated. CVS: S1, S2. No murmurs, S3, or S4 appreciated. Chest: Clear to auscultation bilaterally. No wheezes or crackles appreciated. Abdomen: Soft, nontender, positive bowel sounds. Extremities: Trace edema. Neuro: Alert and oriented x 3.

LABORATORIES: Sodium 138, potassium 4.2, chloride 99, bicarb 31, BUN 15, creatinine 0.9, glucose 136, calcium 9.4, troponin 0, INR 1.1, WBC 7.3, hemoglobin 13.6, hematocrit 40, platelets 209, digoxin 0.6.

EKG: Normal sinus rhythm, rate 62, a 1st degree AV block, a left anterior fascicular block, a right bundle branch block. This is new from EKGs faxed to us from UIC dated January 10, 2008, that did not demonstrated a right bundle branch block at that time.

ASSESSMENT/PLAN: Mr. Sheptin is a 59-year-old male with a significant coronary artery disease s/p multiple PCI and stenting most recently in January of 2008 with recurrent angina at rest, a new right bundle branch block, and a concern for unstable angina. He is at high risk for restenosis and has a TIMI risk score of 4 giving him a 20% chance of death, MI, or urgent revascularization in the next 14 days. We will admit him for rule out MI and he will likely need cardiac catheterization for further evaluation.
1. Admit to cardiology telemetry unit.
2. Follow serial troponins.
3. Repeat an EKG for recurrent chest pain.
4. Continue aspirin, Plavix, Sotalol, and simvastatin.
5. Continue nitroglycerin p.r.n. pain. If his pain continues, would start nitroglycerin drip.
6. Start daltaparin 120 units/kg subcu b.i.d.
7. Cardiac catheterization tomorrow.

GERD: Continue ranitidine.

Seizure disorder: Continue phenytoin and carbamazepine.

Full code.

The resident physician and I have personally evaluated and discussed this case. I have reviewed this letter and personally edited its contents to reflect my involvement in the case.

Peter S Rahko, MD, FACC

Professor of Medicine
Section of Cardiovascular Medicine
DEPARTMENT OF MEDICINE
DICTATED BY:
James Oujiri, MD
General Internal Medicine Resident
JO/rtl D: 04/09/2008 23:36:54T: 04/10/2008 01:04:10Doc#: 2829828A:Revised:
04/10/2008 01:04:10Job #: 3207640D:
cc:

Electronically signed by Peter S Rahko, MD on 04/11/2008 00:47:49

End of Report

Federal Medical Center
Box 4000
Springfield, MO 65801

May 17, 2008

TO: Honorable Mike Dobbins, Clerk
U.S. District Court
219 South Dearborn St
Chicago, IL 60604

RE: US v Shertin, 82-CR-555 & 07-CR-199 - 08-CV-116

Dear Mr. Dobbins:

Will you please file the attached "Medical Evaluation" Authored by Professor Peter S. Rahko, MD FACC in both cases electronically. I have concurrently, on 5/15 sent via "Legal Mail" a copy to Lindsey Jenkins via U.S. Mail. Because of the "nature" of the attached Report, and Medical Report, I request this be a Public Record. Identifiers have been eliminated. Thank you so much.

Sincerely yours,

Louis C. Shertin